									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 09/90208												208	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TOTAL CLAIMS			1						FEE	—	RATE		
FOR			NUMBE	NUMBER PICED		NUMBER EXTRA		BASIC F			BASIC FE	FEE/	
TOTAL CHARGEABLE CLAIMS			n	minus 20=				X\$ 25	_ / /	7	1,,,,,,		
INDEPENDENT CLAIMS			·= ,	ं minus 3 =		•		X100	/	_ OI	1	1	
MULTIPLE DEPENDENT CLAIM PR			PRESENT		h		1	1	-	- OF	` / -	1	
•	If the difference	e in column 1 is	less than :	less than zero, enter "0" in column 2				4180	- -	Of	· V		
-> - CLAIMS AS AMENDED - PART II								TOTA		OF			
Z	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		R THAN ENTITY	
AMENDMENT A	ļ. [*]	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	. 35	Minus	- 2	0	- 13]	X\$ 25		OR	X\$50=	7.50	
	Independent	INTATION OF M	Minus	***	3	- 0] [X100=	7	OR	X200=	10	
Щ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+180=	17	OR	+360=	0	
11 dos							L	TOTA		OR	TOTAL	0	
(Column 1) (Column 2) (Column 3)										ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT -EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 35	Minus	- 3	5	•	11	X\$ 25=		OR	X\$60=		
A	Independent FIRST PRESE	NTATION OF MI	Minus	PENDENT	3	• \	4	X100=		OR	X200=		
			JEIN CE OE	CHOLIN		14	י ר	+180=		OR	+360=	.\	
		. L .	TOTAL		OR	TOTAL ADDIT: FEE							
-		(Column 1)	-	(Column		Column 3)	•			∵			
AMENOMENTC		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	98		:		(\$ 2 5=	ree		X\$50=	FEE	
	Independent	*	Minus	***	ł	•	-	X100=		OR			
1	FIRST PRESE	┞			OR	X200≈							
If the entry in column 1 is less than the entry in column 2, write 'V' in column 3. If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. OR TOTAL													
_0	THE THEMSE NUM	nber Previously Paid ber Previously Paid	d For IN THIS	S SPACE In to	ee than 1	* ****	~	DIT. FEE	propriate box		DDIT. FEE L		
						· 	•					F	

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